

**The VIPS model:
Development, validation
and experience of its use**

Margareta Ehnfors, RNT, PhD, Professor

Objectives

- describe the development and use of the VIPS model and
- provide information on the model's validity
- delineate some of the similarities and differences with other classifications (ICNP).

- The development of the VIPS model was initiated in the mid-1980s.
- Swedish situation:
 - no classification system or terminology was known or used in Sweden
 - some knowledge on NANDA, but not in use

- Nurses' recording in PHR has been compulsory since 1986, according to Swedish law
- A problem solving model is stipulated in the Swedish Patient Record Act and in other national regulations for nursing care.

■ Concepts

- may facilitate the structuring of knowledge for nursing practice,
- as well as improve teaching and research.

■ Expressed concepts

- influence our way of thinking and
- enhance the possibilities of verbalizing and
- visualizing essential data for communication (Meleis 1985)

Aim of the VIPS development:

- clarify and facilitate systematic thinking and recording,
- conceptualize the essential elements of nursing care
- develop a structure that could be used to describe nursing practice.

Theoretical framework

- An inductive, descriptive approach based on empirical findings was used
- The nursing process model was chosen as the basis

Methods of development

A systematic approach:

- An extensive literature review focusing on empirical findings - “published knowledge”
- A review of nursing records
- Test in clinical practice by nurses and students
- An expert panel judgment
- Further refinement
- Examination of semantic accuracy

Revisions (1996, 1999)

- Questionnaires to nurses attending three national conferences on nursing documentation (514 responded)
- Comments from key informants (n=20)
- A telephone interviews with senior faculty members at all nursing schools in Sweden (n=36)
- Literature review of scientific papers and other reports on the VIPS-model

VIPS

comes from four key concepts
- basic values of nursing care

- Well-being
- Integrity
- Prevention
- Safety

■ Well-being

- a synonym for comfort, wellness, and health

- a holistic outcome that accounts for the responses of the whole person.

(Kolcaba 1994)

■ Integrity

- a state of wholeness and as a personal sphere
- to respect the patient as a person,
- to be sensitive to individual differences and
- to be responsive to each person's experience of vulnerability (Andersson 1994)

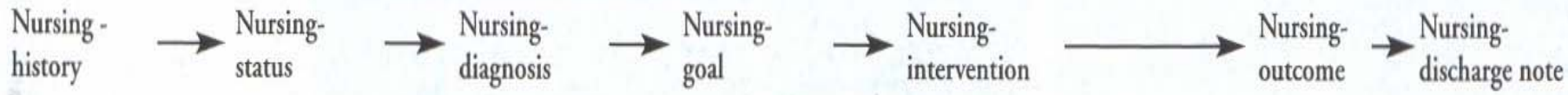
■ Prevention

- of diseases and disability are integral parts of nursing,
- encompassing individuals, families and communities (WHO 1986).

Safety

- practical technical aspects,
 - such as the prevention of injury
- the intangible aspects,
 - such as the patient's feelings of trust and security

- The VIPS model has
 - Key words on two levels
 - Subdivisions in three areas

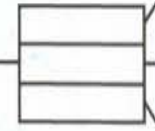
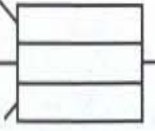


- Reason for contact/ Admission
- Health history/ Care experience
- Current care
- Hypersensitivity
- Social history *Social service*
- Lifestyle

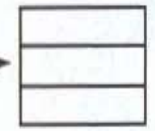
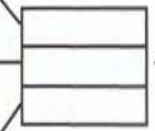
- General information**
- Information source
 - Significant other
 - Confidentiality
 - Temporary information
 - Primary Nurse
 - Round notes/ Progress notes

- Communication
- Cognition/Development
- Breathing/Circulation
- Nutrition
- Elimination
- Skin/Integument *Wounds*
- Activity
- Sleep
- Pain/Perception
- Sexuality/Reproduction
- Psychosocial *Emotional Relationships*
- Spiritual/Cultural
- Well-being
- Composite assessment *Medications*

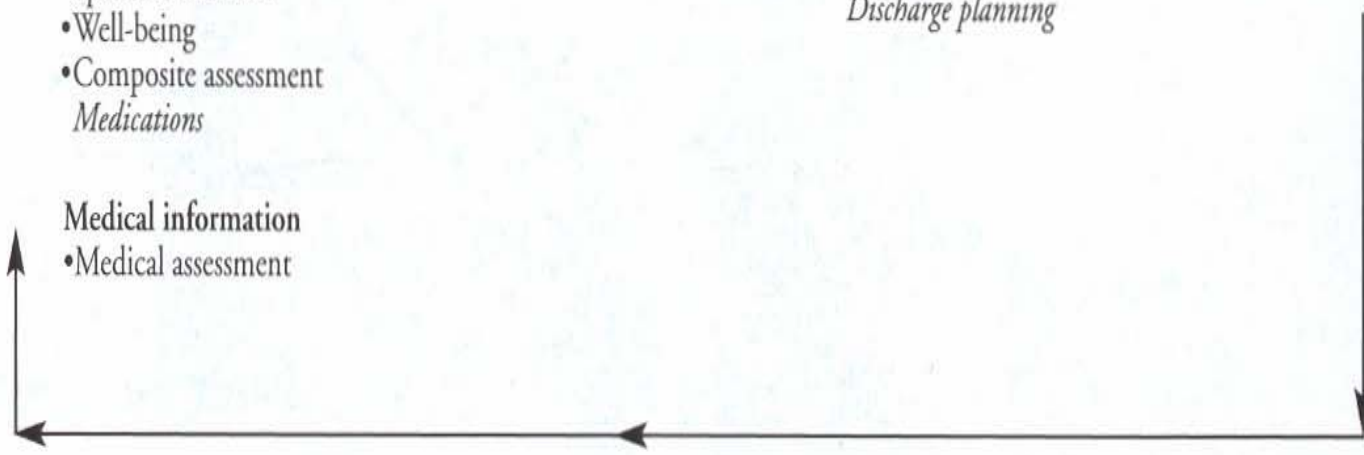
- Medical information**
- Medical assessment



- Planned - implemented
- Participation
 - Information/Education
 - Support
 - Environment
 - General care *Advanced care*
 - Training
 - Observation/Surveillance
 - Special care *Wound care*
 - Drug administration
 - Co-ordination *Co-ordinated care-planning*
 - Discharge planning*



Nursing-transfer report



Definitions?

- The purpose of the VIPS model was
 - to facilitate nursing recording
not to be a classification of nursing
 - Prototypical examples used for definition, instead of semantic definitions,
for easy use in practice

- Patient Status = called Nursing Status = for practical reasons in the integrated patient record

Nursing history

- Patient or significant other's description as to the reason for admission or care.
- Expectations as to care and treatment.
- Health situation and living conditions before current care contact as a basis for continuous assessment, planning and nursing care.

Health history/Care experience

Overall description of the health situation before current contact.

Heredity.

Previous health problems/handicaps.

Self-care.

Alcohol, narcotics, tobacco.

Previous care.

Experience from previous care episodes, care contacts.

Previous discharge note.

Current medical diagnosis.

Nursing status /Patient status

- Patient's health situation and condition that influence the present nursing care
-
- Patient's/family's experiences and description and nurses' assessment regarding the following areas:
 - *Function*: Maintained-changed resources, risks.
 - *Discomfort*: Physical - psychosocial.
 - *Influencing factors/circumstances*: Environment. Resources-demands, internal -external, positive-negative, expectations-values.
 - *Aids/devices used by the patient*: Pharmacological, technical, psychosocial.

Communication

Communicatory status.

Ability to make oneself understood and to understand.

Ability to express one's needs.

Limitations of relevance for communication,
e. g. sight, hearing, speech impairment.

Language, e g. slurred speech.

Non-native language.

Level of consciousness, disorientation.

Concentration ability of relevance to the communicatory
ability.

Self-care and aids used by the patient,
e.g. hearing devices, spectacles, reminder notes, interpreter.

Nursing diagnosis

- The VIPS model does not give Nurs. Dx,
 - - refers to NANDA or other classification
 - Free text or standardized
- Focus on: Problems - risks - resources

Nursing goal-Nursing outcome

Goals and expected outcomes in measurable terms.

Expectations and priorities agreed with the patient or significant other.

Goals/outcome can be related to:

- Functional ability and health status
- Management of illness and disease
- Management of lifestyle alterations and self-care
- Patient's satisfaction and well-being.

Nursing interventions

Planned or implemented

..... The aim of interventions is to:

- Promote health and prevent illness
- Maintain or retain health and well-being
- Promote a peaceful death.

- Achieved through different approaches
 - i.e. facilitating, limiting or protecting, motivating or distracting, assisting, doing things for the patient, awaiting or withdrawing.

Participation

- Promote participation, communication and interaction.
- Certain treatments and attitudes e.g., to protect the patient's integrity.
- Conform to the abilities and requests of the patient or significant other.
- Patient contract.
- Promote participation in health promotion and preventive actions.
- Participation in planning, decision-making, implementation and evaluation of nursing care.
- Decisions on delaying or withholding treatment.

Validity: 1) In the development of the VIPS model

- Use of a systematic inquiry as the developmental method
- Validation in clinical practice
- Correspondence with research conducted by others
 - (Brinberg and McGrath 1985)

Validity: 2) From use of the model

- Used in various specialties
 - Stroke care
 - Diabetes care
 - Transplantation care
 - Dementia care
 - Geriatric care
 - Pediatric care
 - Community care
 - Midwifery
 - Perioperative care
 - Psychiatric care
 - National Delphi study
>200 groups
- Framework for
 - Text books in nursing
e.g. Pediatric cancer care
 - Quality assurance in nursing
 - Curricula in nursing
- Use in nursing education
 - basic and higher

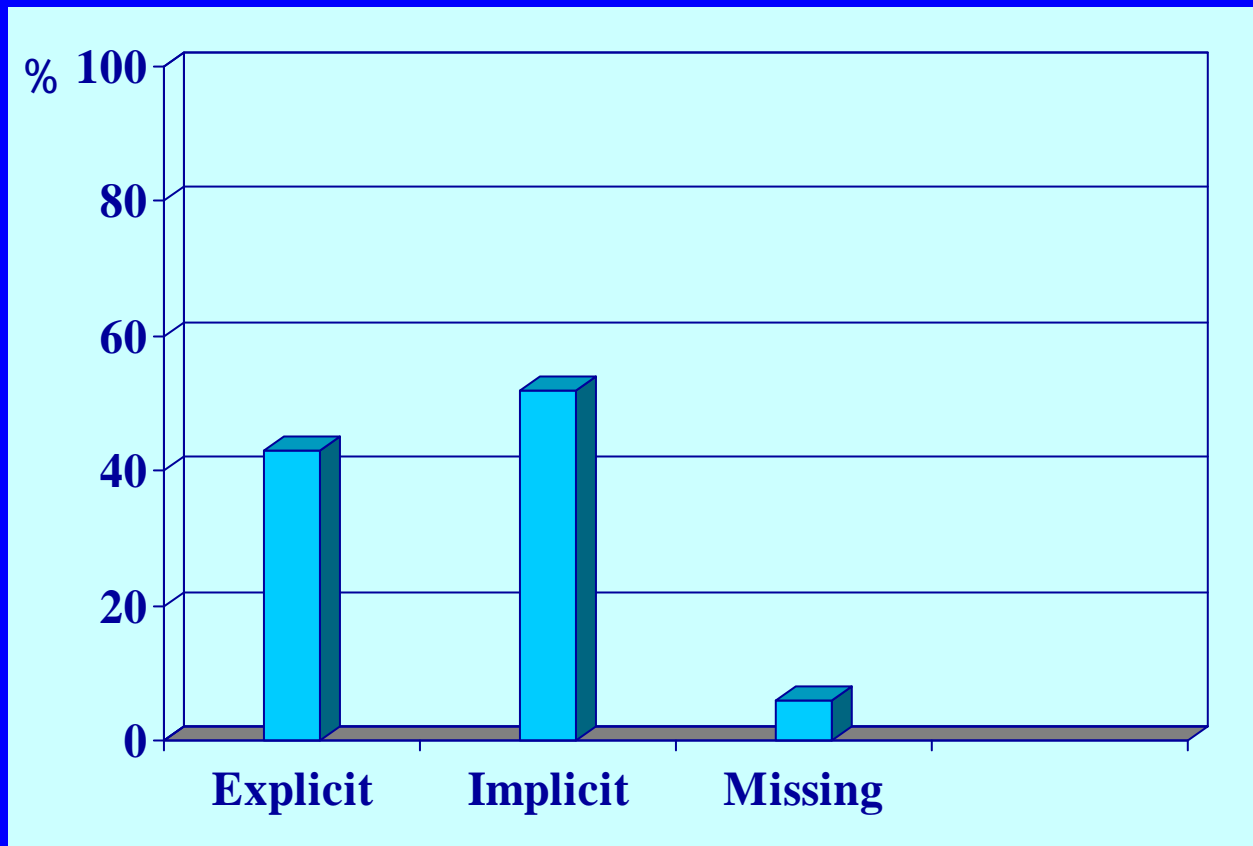
- **Effects of use in practice**
 - More nursing focused records
 - More nursing focused thinking

- **Used for review of records in many studies**
 - **Interrater reliability:**
High agreement and kappa reliability

Comparison with the ICNP

- Very different structure!
 - VIPS = high level categories and examples
 - ICNP = terms on many levels

Matching the ICNP-beta Nursing Actions (n=171) into the VIPS Nursing Interventions



- The VIPS model could cover most of the ICNP terms/concepts of the different axes
- Many nursing sensitive terms missing in ICNP
- Important parts missing are:
 - Pat's experience
 - Pat's participation

Comparison with the NANDA

- The new taxonomy II used
 - Very high agreement with the key words for Nursing/Patient Status in the VIPS model

NANDA Domains and classes matched into VIPS

- + *Communication*
- + *Cognition/Development*
- (+) *Breathing/Circulation*
- + *Nutrition*
- + *Elimination*
- + *Skin/Integument*
- + *Activity*
- + *Sleep*
- + *Perception/Pain*
- + *Sexuality/Reproduction*
- (+) *Psychosocial*
- (+) *Spiritual /Cultural*
- + *Well-being*
- - missing in VIPS key words for *Health promotion, & safety*

Comparison

HHCC matched into VIPS

- - *Communication*
- + *Cognition/Development*
- + *Breathing/Circulation*
- + *Nutrition*
- + *Elimination*
- + *Skin/Integument*
- + *Activity*
- + *Sleep*
- + *Perception/Pain*
- + *Sexuality/Reproduction*
- + *Psychosocial*
- + *Spiritual /Cultural*
- + *Well-being*
- - missing in VIPS: key words for *Health behaviour, & safety*

Comparison NIC - VIPS

- *Generic interventions in VIPS, like observing* differ from NIC
- Nursing interventions in NIC are *presented as "packages"*

E.g. "foot care" covers:

Inspect, monitor, administer, apply, clean, discuss, instruct etc.

Comparison NOC - VIPS

- NOC has 280 areas- VIPS has four outcome concepts
 - Functional ability and health status
 - Management of illness and disease
 - Management of lifestyle alterations and self-care
 - Patient's satisfaction and well-being.
 - Studies indicate Motivation should be added
- A careful assessment in Nursing Status of VIPS is stressed
- Measures in the assessment phase is the base for change estimation
- N. dx not enough as reference point

Publications on VIPS

- Original research papers 1991, 1996
- 3 Doctoral theses - + coming
- Swedish publications:
 - Textbooks
 - Ehnfors & Thorell-Ekstrand 1992,
 - Ehnfors, Ehrenberg and Thorell-Ekstrand 1998, 2000, 2001, 2002
 - Book Chapters in Swedish and other languages
 - Folders (Swedish, English, Danish, Norwegian... More coming)
 - Soft wares
 - Scientific papers

Translations

- Existing
 - Swedish, English, Danish, Norwegian, Latvian, Estonian, German, Finnish,
- In process
 - Spanish, Russian

Further research

- Benefit of nursing recording for patients?
- More detailed level in VIPS and possibilities for aggregation of data?
- “Inter-use-reliability” among nurses in practice?

- Principal investigators
 - Margareta Ehnfors
 - Anna Ehrenberg
 - Ingrid Thorell-Ekstrand

- Collaborators
 - Doctoral students
 - Master prepared nurses
 - Clinicians
 - Teachers
 - Student nurses